

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent  
Siskiyou Telephone Company  
P.O. Box 157  
Etna, Ca 96027

☐ Check here if this  
is a change of  
address.

2. Year Report Filed 2017	3. Reporting Period (Ending Date of Pay Period Covered by Report) 01/20/2017	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. <input type="checkbox"/> Fewer than 16 (complete Sections I, IV, and V only) b. <input checked="" type="checkbox"/> 16 or more (complete all sections)
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SECTION II - Full-Time Employees.

Job Categories															Number of Employees (Report employees in only one category)																														
Race/Ethnicity															Not-Hispanic or Latino																														
Hispanic or Latino															Male															Female															Total Columns A - N
															Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races																	
															A	B	C	D	E	F	G	H	I	J	K	L	M	N	O																
Executive/Senior Level Officials and Managers															1.1		1							2						3															
First/Mid-Level Officials and Managers															1.2		3						1					4																	
Professionals															2		3						3					6																	
Technicians															3		3											3																	
Sales Workers															4													0																	
Administrative Support Workers															5		3						5					8																	
Craft Workers															6		8											8																	
Operatives															7													0																	
Laborers and Helpers															8		1											1																	
Service Workers															9													0																	
TOTAL															10	0	0	22	0	0	0	0	0	11	0	0	0	0	0	33															
PREVIOUS YEAR TOTAL															11		22						11						33																

## SECTION III - Part-Time Employees.

**Number of Employees**  
(Report employees in only one category)

Race/Ethnicity

Categories	Not-Hispanic or Latino														Total Columns A - N
	Hispanic or Latino		Male							Female					
			White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	Male	Female													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Executive/Senior Level Officials and Managers	1.1														0
First/Mid-Level Officials and Managers	1.2														0
Professionals	2														0
Technicians	3														0
Sales Workers	4														0
Administrative Support Workers	5														0
Craft Workers	6														0
Operatives	7														0
Laborers and Helpers	8														0
Service Workers	9														0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11														0

## SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.



This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.



This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, the number or other designation, and current status or disposition.)

## SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	05/30/2017	Typed or Printed Name of Person Signing	James T Lowers	Signature	<i>James T Lowers</i>	Telephone No.	(530) 467-6168
Title of Person Signing	President	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).					